

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155561		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/21/2013	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME & REHABILITATIVE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 231 N JACKSON ST OAKLAND CITY, IN 47660			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F000000	<p>This visit was for the Investigation of Complaint IN00124851.</p> <p>Complaint IN00124851-Substantiated. Federal/state deficiencies related to the allegations are cited at F246.</p> <p>Survey date: March 21, 2013</p> <p>Facility number: 000327 Provider number: 155561 AIM number: 100273920</p> <p>Survey team: Terri Walters RN TL Dorothy Watts RN</p> <p>Census bed type: SNF/NF: 98 total: 98</p> <p>Census payor type:</p> <p>Medicare: 16 Medicaid: 64 Other: 18 total: 98</p> <p>Sample: 6</p> <p>This deficiency reflects state findings</p>		F000000	<p>The creation and submission of this plan of correction does not constitute an admission by the provider of any conclusion set forth in the statement of deficiencies, or of any violation or regulation. The provider respectfully request that the 2567 plan of correction be considered the letter of credible allegation and request a post certification desk review in lieu of a post complaint survey follow-up re-visit on or after April 10, 2013.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/08/2013

FORM APPROVED

OMB NO. 0938-0391

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	<p>cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 26, 2013, by Jodi Meyer, RN</p>						

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F000246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. Based on observation, interview and record review, the facility failed to ensure a resident had his call light within reach for 1 of 4 residents reviewed for call light placement in a total sample of 6. Resident W</p> <p>Findings include:</p> <p>On 3/21/13 at 8:00 A.M., during the initial tour of the facility, Resident W was observed in bed, with his eyes closed. He was lying on his back, and the head of the bed was slightly elevated. Resident W's call light was wrapped tightly in a circle and located out of reach at the foot of his bed.</p> <p>On 3/21/13 at 11:15 A.M., Resident W was heard calling out from his room. Resident W was observed lying on his back, calling out, "I need my diaper changed." Located at the foot of Resident W's mattress was the call light and cord rolled tightly in a circle. That was the same location the</p>		F000246	<p>1. Resident W has suffered no ill effects from the alleged deficient practice. Occupational Therapy immediately assessed resident W to determine if he could use both the push button call light and the pad call light. Resident W can use both types of call lights. Pad call light from resident's former room was immediately retrieved and placed in his room with call light pad under his right hand. Staff was immediately in-serviced on importance of all residents having their call light within reach. Staff was also in-serviced on the special need for dependent residents to have their call light available within reach.2. All residents who reside in this facility have the potential to be effected by the alleged deficient practice. Rounding of every room 2x a day on every shift will be performed by DNS/designee checking on all residents to ensure all call lights are within reach for dependent residents as well as available to all residents. Residents who have specialized call lights will also be audited by DNS/designee to ensure that the appropriate call light is</p>		04/10/2013	

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	<p>call light and cord had been observed in earlier in the morning at 8:00 A.M., on 3/21/13, when Resident W was asked if he was capable of using a call light. He responded, "Yes. I need my diaper changed".</p> <p>On 3/21/13 at 11:18 A.M., CNA #10 was passing by and was made aware of Resident W's need for help. After observing Resident W's call light and cord on the mattress at the foot of the bed, CNA #10 indicated Resident W used a hand pad alarm with his right hand and that the pad lies on his chest and only needs to be touched lightly to activate the call light. CNA #10 indicated Resident W was moved from a room down the hall on Tuesday 3/19/13.</p> <p>CNA #10 said, "I guess they didn't move the call light with him. It must still be in his old room." CNA #10 retrieved the pad alarm from Resident W's former room, plugged it in and placed the pad on the resident's chest.</p> <p>During an interview with CNA #10 on 3/21/13 at 1:45 P.M., she indicated Resident W had soiled his brief at 11:18 A.M., when he had been calling out to be changed.</p> <p>The clinical record for Resident W</p>		<p>available.3. DNS/designee will in-service staff by 4-10-2013 on the importance of all residents having call lights available in order to ensure that the facility is providing reasonable accommodations of needs and preferences. Rounding of every room 2x day on every shift will be performed by DNS/designee checking on all residents to ensure all call lights are within reach for dependent residents as well as available to all residents. Residents who have specialized call lights will also be audited by DNS/designee to ensure that the appropriate call light is available.4. To ensure compliance, the DNS/designee is responsible for the completion of the CQI tool for reasonable accommodation of needs and preferences by rounding 2x a day every shift for 4 weeks, 1x day every shift bi-monthly for 2 months and then 1x day on every shift quarterly until compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QA committee overseen by the Executive Director. If the threshold of 100% is not achieved and action plan will be developed to ensure compliance.</p>				

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	<p>was reviewed on 3/21/13 at 2:00 P.M. Resident W's admission date to the facility was 1/14/12. Diagnoses for Resident W included, but were not limited to, septic shock, urinary tract infection, hypertension, neurogenic bladder, mood disorder, above the knee amputation, cardiovascular accident with hemiparesis, angina, diabetes mellitus type 2.</p> <p>Progress notes dated 3/19/13 at 5:12 P.M., were as follows : "Resident moved to room 112 from room 123 B..."</p> <p>Resident W's Minimum Data Assessment dated 1/20/13, indicated a cognitive score of 10 (and a score of 8-12 indicated moderate impairment).</p> <p>The ability to transfer from the bed to chair or wheelchair and bed mobility were assessed at 4, which indicated the resident was totally dependent and that 2 or more staff were needed for physical assistance.</p> <p>During an interview with the DON on 3/21/13 at 2:35 P.M., the DON indicated Resident W had been moved to room 112 on 3/19/13 so that he could be closer to the nurses' station.</p> <p>The DON also indicated Resident W</p>						

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	<p>could use the push button call light. The DON was made aware that the push button call light was out of Resident W's reach at 8:00 A.M., and at 11:18 A.M. when he was calling out. The DON indicated no resident should be without a call light.</p> <p>This federal tag relates to complaint IN00124851.</p> <p>3.1-3(v)(1)</p>						